| PEW                                                                                                                                                                                                                                                                                                                                   |                                       | 6-17-                                                                                                                                                                                                                                                             | 04                       | <b>^</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     | # 265                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| Under the Paperwork Reduction Act of 1995                                                                                                                                                                                                                                                                                             | no neisons                            | U.S. Pater                                                                                                                                                                                                                                                        | nt and Tra               | ademark Offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e; U.S. D                                                                                           | 9 PTO/SB/21 (02-04) gh 07/31/2006. OMB 0651-0031 DEPARTMENT OF COMMERCE |  |
| Office Paper Work Reduction Act of 1995                                                                                                                                                                                                                                                                                               | no oersons                            | Application Number                                                                                                                                                                                                                                                | 10/002,                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )                                                                                                   | Avs a valid Olylo Control Homber.                                       |  |
| TRANSMITTAL FORM  (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                                            |                                       | Filing Date                                                                                                                                                                                                                                                       | 10/23/2001               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       |                                       | First Named Inventor                                                                                                                                                                                                                                              | Stephen Williams et al., |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       |                                       | Art Unit                                                                                                                                                                                                                                                          | 2653                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       |                                       | Examiner Name                                                                                                                                                                                                                                                     | Psitos,                  | tos, Aristotelis M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                         |  |
| Total Number of Pages in This Submission                                                                                                                                                                                                                                                                                              | 22                                    | Attorney Docket Number                                                                                                                                                                                                                                            | 00-507/                  | 1496.00090                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,                                                                                                   |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       | ENCL                                  | OSURES (Check all tha                                                                                                                                                                                                                                             | t apply)                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>-</del>                                                                                        |                                                                         |  |
| Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53 | F F F F F F F F F F F F F F F F F F F | Drawing(s)  icensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addr  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  KS  Copy of UK Application, Serial I |                          | to- Applof / | Technolopeal Cor<br>Appeals peal Cor<br>Peal Not perietary attus Lett ther Encloratify belieceipt P | osure(s) (please<br>ow):<br>ostcard                                     |  |
| SIGNA                                                                                                                                                                                                                                                                                                                                 | TURE O                                | F APPLICANT, ATTORN                                                                                                                                                                                                                                               | EY, O                    | R AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Γ                                                                                                   |                                                                         |  |
| Firm Leo Peters Reg. No. 33,5 or Individual name                                                                                                                                                                                                                                                                                      | 562                                   |                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
| Signature                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
| Date June 15, 2004                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
| C                                                                                                                                                                                                                                                                                                                                     | ERTIFIC                               | ATE OF TRANSMISSION                                                                                                                                                                                                                                               | N/MAIL                   | ING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | ,                                                                       |  |
| I hereby certify that this correspondence is be sufficient postage as first class mail in an en the date shown below.                                                                                                                                                                                                                 | eing facsir<br>velope add             | nile transmitted to the USPTO or<br>dressed to: Commissioner for Pa                                                                                                                                                                                               | r deposit                | ted with the<br>.O. Box 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | United 5                                                                                            | States Postal Service with andria, VA 22313-1450 on                     |  |
| Typed or printed name  Manu Kashyap                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                         |  |
| Signature                                                                                                                                                                                                                                                                                                                             | K                                     |                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                | 6/15/2004                                                               |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.